

“Deen Dayal Swasthya Seva Yojana”

Objective of the Scheme:

To facilitate and take the medical services to the next level, the State of Goa envisaged the present scheme in order to provide its people quality medical care and treatment of diseases, hospitalization and surgery through Government and private hospitals.

Salient features of the Scheme:

The benefit under this scheme shall be provided on cashless basis to the beneficiaries up to the limit of their annual coverage shall be as under:-

- (a) The insurance cover shall be up to Rs.2.50 lakhs per annum for a family of three or less members and up to Rs. 4.00 lakhs for a family of four or more members. Under no case the claim would exceed Rs. 4.00 lakhs annually.
- (b) The insurance benefit can be availed individually or collectively by members of the family.
- (c) A individual is free to take a higher cover from the insurance Company by paying higher premium, without having any impact on Government policy and facilities.
- (d) The facilities for 447 procedures shall be covered under the scheme.

Eligibility Criteria:

The Scheme provides health coverage to the entire resident population of the State who resides in Goa for five and more years.

Requirement of Document to avail the Scheme:

- a. Aadhar Card/Enrolment Acknowledgement slip of every family member above 5 years (Compulsory).
- b. Residence proof of eligibility person: Passport/Residence certificate/Election card/Driving license issued minimum 5 years ago in Goa.
- c. Ration card to define family. In case of Ration card is not available all the below mentioned documents to be enclosed.
 - i. For Spouse: Marriage Certificate.
 - ii. For dependent child: Birth certificate/school leaving certificate of dependent child/Children of the eligible person.
 - iii. For dependent parent: Declaration stating the dependent parent/(s) are not employed.
- d. For OBC of non creamy layer: Caste Certificate issued by Deputy Collector along with income certificate showing income less than Rs.6.00Lakhs per annum.
- e. For SC/ST: Cast certificate issued by the Director Tribal Welfare/ Deputy Collector.
- f. For Differently abled eligible person: Disability certificate issued by Medical Board.

Prescribed form if any: Yes. Form enclosed.

Mode or procedure to avail the benefit of the Scheme:

The beneficiary may approach the Empanelled Health Care Provider (EHCP) as per the list provided on the website. After consulting the doctor, if the surgery is covered under the scheme and is available at the said EHCP, the patient can approach the DDSSY Sahayak at the hospital with the Card and the Sahayak will raise a request for pre-authorisation to the ISA pre-authorisation doctor. Alternately, if the beneficiary is aware what the procedure is, he/she can check the website to find out at which EHCP the required procedure is performed and visit the hospital of his/her choice as per the list of EHCP's empanelled for the said procedure.

Officer to be contacted:

Sr. No	Name & address of the Nodal Officer	Designation	Contact No.
1	Dr. Yogesh Potdar Directorate of Health Services, Campal, Panaji.	Medical Mngt. & Quality Manager	0832-2225646 Extn. 256 7447797582
2	Dr. Ralph Araujo MD India Health Insurance TPA Pvt. Ltd., B-F/3, 1 st floor, Campal Trade Centre, Behind Military Hospital, Panaji.	Sr. Manager	9325963691
3	Shri. Sagar Jaiwar Goa Electronics Ltd., Ground Floor, Shrama Shakti Bhavan, Patto Plaza, EDC Complex, Panaji.	Asst. Manager (IT) Goa Electronics Ltd.	8411004910

Email: ddssydhs@gmail.com

Website: ddssygoa.mdindia.com

Details of Office where the application to be submitted:

Office to be contacted for registration under DDSSY scheme -
Goa Electronics Ltd., Ground Floor, Shrama Shakti Bhavan, Patto Plaza,
EDC Complex, Panaji Goa.



APPLICATION FOR ENROLMENT OF DEEN DAYAL SWASTHYA SEVA YOJANA [DDSSY]

ABBREVIATIONS: RC - Ration Card, FPS - Fair Price Shop, **Marital Status:** M - Married, S - Single, W - Widow/Widower, D

INSTRUCTIONS

- 1) Fields marked with an (*) are compulsory.
- 2) To add more members, take a xerox of page 2.
- 3) Form to be filled legibly in English in BLOCK LETTERS.
- 4) In case of minor, parents may give consent to us

REGISTRATION FEE

- A) Registration/Annual Renewal Fee 1) For family of 3 or less members, Rs. 200/- 2) For family of 4 and above members, Rs
- B) Concession of 50% will be considered subject to appropriate documentations towards OBC of non creamy layer, SC/ST & Disabled eligible person.

ELIGIBILITY

- 1) Any person residing in the State of Goa for five years or more is declared eligible person under DDSSY. "Family" of eligible person is defined as his/her Spouse and Unmarried children and Dependent Parent(s) / In-Laws (Incase ill is female). This Family unit cannot be splitted.
- 2) Government employees and their family is not covered under DDSSY

DOCUMENTS

Following Self attested photocopies of documents to be attached along with the forms,

- 1)*Aadhar Card / Enrolment Acknowledgement Slip of every family members above age of 5 years.(Compulsory)
 - 2)* Residence Proof of eligible person: Passport|Residence Certificate|Election Card|Driving License issued minimum 5 years as
 - 3) Ration Card to define a family.
- In case ration card is not available enclose all the below mentioned documents:
- 1) For spouse - Marriage Certificate of the eligible person.
 - 2) For dependent child - Birth Certificate/School leaving certificate of dependent child/children of the eligible person.
 - 3) For dependent parents - Declaration stating the dependent parent/(s) are not employed.
 - a) For OBC of non creamy layer - Caste certificate issued by Deputy Collector along with Income Certificate showing income less than 10 lakhs per annum.
 - b) For SC/ST - Caste Certificate issued by Directorate of Tribal Welfare/Deputy Collectorate.
 - c) For Differently abled eligible person - Disability certificate issued by medical board.

I. Eligible Person

Name*:

F	I	R	S	T	N	A	M	E
L	A	S	T	N	A	M	E	

M	I	D	D	L	E	N	A	M	E
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Gender (Tick Applicable)*: Male Female Others Marital Status*: S M W D

DoB:

D	D	M	M	Y	Y	Y	Y
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 Age*:

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 Mobile No*:

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Father's/Husband's Name*:

F	I	R	S	T	N	A	M	E
L	A	S	T	N	A	M	E	

M	I	D	D	L	E	N	A	M	E
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Differently Abled (If Applicable)*: Yes No

Signature ID/EPIC:

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Aadhar No/UID*:

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 Sign/Thumb Impression

II. Family Details *

Caste (Tick Applicable): General OBC SC ST Annual family Income(Incase of OBC)

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House No:

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 House Name:

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Landmark:

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Village/Town:

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 Pincode:

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Taluka:

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III. Ration Card Details

Ration Card No:

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 Card Type:

FPS Name:

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FOR OFFICE USE ONLY

Verification Scan and Upload Date:

D	D	M	M	Y	Y
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 Sign: _____ Page N

ACKNOWLEDGEMENT RECEIPT

Government of Goa
 Directorate of Health Services
 Deen Dayal Swasthya Sewa Yojana

Form No:

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 A000001

Applicant Name: _____ Sign and

Date:

D	D	M	M	Y	Y
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